



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
239 Causeway Street, Suite 500, Boston, MA 02114

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MARYLOU SUDDERS
Secretary

EILEEN M. SULLIVAN
Acting Commissioner

January 20, 2015

VIA FACSIMILE 774.243.6111
FIRST CLASS MAIL AND
CERTIFIED MAIL NO. 7014 0510 0001 0374 6984
RETURN RECEIPT REQUESTED

Peter Bosse
Boyle, Shaughnessy & Campo, PC
446 Main Street 19th Floor
Worcester, MA 01608

RE: In the Matter of Sheryl Woodman LN License No. 69451
Board of Registration in Nursing, Docket No. NUR-2013-0070

Dear Attorney Bosse:

The Board of Registration in Nursing ("Board") has now signed the Consent Agreement for Probation ("Agreement") that your client, Sheryl Woodman, agreed to enter into with the Board, in order to resolve a complaint against her Licensed Practical Nurse license in the above-referenced matter. A fully signed original Agreement and a copy are enclosed for your records.

Please note that the effective date of the Agreement is January 20, 2015, as stated on the signature page of the Agreement.

Ms. Woodman is required to comply with the Agreement as of this effective date. It is her responsibility to ensure that Board receives all required documentation and information by the due dates specified in the Agreement. The Agreement will remain in effect until she fulfills all of its conditions *and* the Board gives her written confirmation that the Probationary Period has ended.

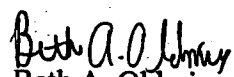
A copy of this letter and the Agreement will remain in the complaint file of the above-referenced docket number. This information will also be retained in your client's permanent file with the Board.

Please note that Karen Fishman is responsible for monitoring compliance with and completion of the requirements of all probation agreements. All correspondence and questions in connection with this Agreement should be directed to Ms. Fishman at the office of the Board at 239 Causeway St., Boston, MA 02114. You may also contact Ms. Fishman at (617) 973-0951 if you have any questions regarding this matter.

As Ms. Woodman's attorney of record, the Board expects that you will notify your client of the Board's action and forward to her the enclosed copy of the Agreement.

Thank you for your cooperation in resolving this matter.

Sincerely,



Beth A. Oldmixon

Prosecuting Counsel

Department of Public Health

Office of the General Counsel

(617) 973-0923

Enclosure

cc: Karen L. Fishman

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING



In the Matter of
SHERYL WOODMAN
LN LICENSE NO. LN69451
LN LIC. EXP. DATE 07/31/15

Docket No. NUR- 2013-0070

I do hereby certify the foregoing to be a true and
certified copy of the document on file with the
Massachusetts Board of Registration in Nursing.

Am M 2/17/15

Authorized Signature Date

CONSENT AGREEMENT FOR PROBATION

The Massachusetts Board of Registration in Nursing (Board) and **Sheryl Woodman** (Licensee), a Licensed Practical Nurse (LPN) licensed by the Board, License No. **LN69451** do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Licensee's record maintained by the Board:

1. The Licensee acknowledges that a complaint has been filed with the Board against her Massachusetts Licensed Practical Nurse license (license¹) related to the conduct set forth in paragraph 2, identified as Docket No. NUR-2013-0070 (the Complaint).
2. The Board alleges that while employed as a LPN for PSA HealthCare in Fall River, MA, on or about March 18, 2013, the Licensee failed to ensure a patient's humidification tube was properly connected to a tracheostomy. The Licensee acknowledges that the conduct, if proven at a hearing, would constitute failure to comply with the Board's Standards of Conduct at 244 Code of Massachusetts Regulations (CMR) 9.03(5), (11), and (47) and would warrant disciplinary action by the Board under Massachusetts General Laws (G.L.) Chapter 112, section 61 and Board regulations at 244 CMR 7.04, Disciplinary Actions.
3. The Licensee agrees that her nursing license shall be placed on **PROBATION** for no less than **one (1) year** (Probationary Period), commencing with the date on which the Board signs this Agreement (Effective Date).
4. During the Probationary Period, the Licensee further agrees that she shall comply with all of the following requirements to the Board's satisfaction:
 - a. Comply with all laws and regulations governing the practice of nursing, and not engage in any continued or further conduct such as that set forth in Paragraph 2.

¹ The term "license" applies to both a current license and the right to renew an expired license.

- b. Notify the Board in writing within ten (10) days of each change in her name and/or address.
- c. Timely renew her license to practice nursing.
- d. Maintain active employment in a position that requires a nursing license, in a setting where the Licensee receives consistent, on-site supervision by a qualified licensed nurse,² for a minimum average of twenty (20) hours per week throughout the Probationary Period. The Licensee may not accept any home care, travel or temporary staffing assignment, or other practice assignment where consistent, on-site supervision is not in place.
 - i. Within 30 days of the Effective Date, the Licensee shall notify the Board's Probation Monitor in writing if the Licensee is not employed in accordance with paragraph 4d.³
- e. Review this Agreement with each of her nursing supervisors, and arrange for each nursing supervisor to submit directly to the Board:
 - i. a completed and signed "Supervisor Verification Form" (Form 1), provided with this Agreement, within thirty (30) days of
 - (1) the Effective Date *and*
 - (2) any subsequent employment commenced during the Probationary Period
 - ii. *quarterly* written reports,⁴ using the "Supervision Report Form" (Form 2) provided with this Agreement attesting to the quality of the Licensee's nursing practice, reliability and attendance and specifically addressing the Licensee's tracheostomy care including any errors and incidents.⁵

² The Licensee must receive direct supervision from a licensed nurse who must have at least one (1) year of clinical nursing practice experience, no open complaints, no past discipline of the nurse's license, and who is physically located at all times in each facility in which the Licensee practices nursing.

³ The Probation Monitor and the Probation Monitor's immediate Supervisor may approve probation tolling to extend the duration of a probation period up to a maximum of double the length of the original probation period designated by this Agreement in order to allow a nurse additional time in which to complete the requirement for active nursing practice, *provided that* the Licensee has been and otherwise remains in compliance with the requirements of this Agreement. On a case by case basis, the Probation Monitor and the Probation Monitor's immediate Supervisor may further extend the probationary period upon good cause shown.

⁴ The Licensee is responsible for ensuring that these reports on the required form are received by the Board commencing ninety (90) days after the Effective Date and on the first day of every third month thereafter.

⁵ The Board may take action under paragraph 7 in the event that the reports reveal a practice issue which the Board deems significant.

- f. Notify the Board's Probation Monitor in writing within ten (10) days of any change in the Licensee's employment status, including each change in Employer, each resignation or termination, and the name, address and telephone number of each new Employer.
5. The Board agrees that in return for the Licensee's execution and successful compliance with all the requirements of this Agreement it will not prosecute the Complaint.
6. If the Licensee has complied to the Board's satisfaction with all the requirements contained in this Agreement, the Probationary Period will terminate one (1) year after the Effective Date upon written notice to the Licensee from the Board.⁶
7. If the Licensee does not comply with each requirement of this Agreement, or if the Board opens a Subsequent Complaint⁷ during the Probationary Period, the Licensee agrees to the following:
 - a. The Board may upon written notice to the Licensee, as warranted to protect the public health, safety, or welfare:
 - i. EXTEND the Probationary Period; and/or
 - ii. MODIFY the Probation Agreement requirements; and/or
 - iii. IMMEDIATELY SUSPEND the Licensee's nursing license.
 - b. If the Board suspends the Licensee's nursing license pursuant to Paragraph 7(a)(iii), the suspension shall remain in effect until:
 - i. the Board gives the Licensee written notice that the Probationary Period is to be resumed and under what terms; or
 - ii. the Board and the Licensee sign a subsequent agreement; or
 - iii. the Board issues a written final decision and order following adjudication of the allegations (1) of noncompliance with this Agreement, and/ or (2) contained in the Subsequent Complaint.
8. The Licensee agrees that if the Board suspends her nursing license in accordance with Paragraph 7, she will immediately return her current Massachusetts license to practice as a Licensed Practical Nurse to the Board, by hand or certified mail. The

⁶ In all instances where this Agreement specifies written notice to the Licensee from the Board, such notice shall be sent to the Licensee's address of record.

⁷ The term "Subsequent Complaint" applies to a complaint opened after the Effective Date, which (1) alleges that the Licensee engaged in conduct that violates Board statutes or regulations, and (2) is substantiated by evidence, as determined following the complaint investigation during which the Licensee shall have an opportunity to respond.

Licensee further agrees that upon said suspension, she will no longer be authorized to engage in the practice of nursing in the Commonwealth of Massachusetts and shall not in any way represent herself as a Licensed Practical Nurse until such time as the Board reinstates her nursing license or right to renew such license.⁸

9. The Licensee understands that she has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication she would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on her own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, G. L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Licensee further understands that by executing this Agreement she is knowingly and voluntarily waiving her right to a formal adjudication of the Complaints.
10. The Licensee acknowledges that she has been represented by legal counsel in connection with the Complaint and this Agreement.
11. The Licensee acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.
12. The Licensee certifies that she has read this Agreement. The Licensee understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal or judicial review.

Susan Bullard 1/9/15
Witness (sign and date)

SUSAN BULLARD
Witness (print name)

Sheryl Woodman 1/7/15
Sheryl Woodman
Licensee (sign and date)

Rula Harb
Rula Harb, MSN, RN
Executive Director
Board of Registration in Nursing

January 20, 2015
Effective Date of Probation Agreement

⁸ Any evidence of unlicensed practice or misrepresentation as a Licensed Practical Nurse after the Board has notified the Licensee of her license suspension shall be grounds for further disciplinary action by the Board and the Board's referral of the matter to the appropriate law enforcement authorities for prosecution, as set forth in G.L. c. 112, §§ 65 and 80A.

Fully Signed Agreement Sent to Licensee on January 20, 2015 by Certified
Mail No. 7014 0510 0001 0374 6984



Commonwealth of Massachusetts
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street • Boston, Massachusetts 02114

**SUPERVISOR VERIFICATION, AND AGREEMENT TO
MONITOR PRACTICE AND PROVIDE PERIODIC REPORTS
TO THE BOARD OF REGISTRATION IN NURSING**

Name of Nurse on Probation _____
License Type and No. _____ Docket No(s). _____
Effective Date of the Probation Agreement or Order: _____
Length of Probation (specified in Agreement or Order): _____
Nurse's Date of Employment: _____ Nurse's Job Title: _____
Employer Name and Address: _____

I, _____ (print supervisor's full name) on _____ (insert date) reviewed a signed copy of the Probation Agreement (Agreement) or Order between _____ (insert nurse's name) and the Board of Registration in Nursing (Board). I hereby agree that I will monitor and evaluate this nurse's practice as specified in the Agreement or Order, and will provide written reports to the Board on the Supervision Report form provided by the Board at the intervals required by the Agreement or Order.

I also agree to promptly notify the Board's Probation Monitor if the nurse resigns or is terminated from employment.

I further certify that I am a RN / LPN (circle one), have completed at least one (1) year of clinical nursing practice, and that I do not have any open administrative or criminal complaint, or any prior license discipline by any Board of Nursing.

SUPERVISOR'S SIGNATURE _____ Date: _____

(Print/Type: Name and Title of Supervisor completing this form) _____

Supervisor's License Type and No.: _____ Supervisor Phone No.: _____

PLEASE NOTE CAREFULLY: This completed form must be mailed *with* the supervisor's signed cover letter written on the facility's letterhead directly to: Probation Monitor
DPH – DHPL, Board of Registration in Nursing
239 Causeway Street, 5th Floor
Boston, MA 02114



Commonwealth of Massachusetts
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street • Boston, Massachusetts 02114

**SUPERVISION REPORT FOR NURSES ON PROBATION
WITH THE BOARD OF REGISTRATION IN NURSING**

(Please review the nurse's Probation Agreement or Order and complete this evaluation of the nurse's practice)

Nurse's Name: _____ Docket No.: _____

License Type and No.: _____ Expiration Date _____

Nurse's Job Title: _____

Employer Name and Address: _____

Time period covered by this supervision report (start and end date): _____

Rate the following and explain. Provide examples for any "needs improvement" rating.

Quality being rated	Needs Improvement	Meets	Exceeds	Comments (If needed use the back of this form or include on supervisor's signed cover letter on facility letterhead)
Organizes and plans work effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicates effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeks guidance and supervision appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacts with patients in a therapeutic manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manages stressful situations appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Makes timely and appropriate nursing assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Makes appropriate nursing interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delegates nursing care activities appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Removes, handles, wastes, and accounts for the whereabouts of, medications appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documents controlled substances and medication administrations accurately and completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documents nursing care and interventions accurately and completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other practice skill(s) specified by Probation Agreement or Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SUPERVISION REPORT FOR NURSES ON PROBATION WITH
THE BOARD OF REGISTRATION IN NURSING (continued)**

The nurse HAS ☐ HAS NOT ☐ (choose one) worked an average of at least twenty (20) hours per week during the time period covered by this report.

SUPERVISION

How frequently is the nurse supervised? _____

How is supervision provided? _____

Have there been any incidents involving the nurse requiring counseling, conference, oral/written warnings since last report? If yes, please explain and attach copies of all relevant documents.

How often are the nurse's patient records reviewed? _____

Does this nurse have any other nursing practice issues? Explain. _____

ADDITIONAL COMMENTS are appreciated

(If needed, please use the back of this form or include on supervisor's signed cover letter on facility letterhead)

Please call the Probation Monitor at (617)973-0951 to discuss any concerns or for clarification regarding the nurse's probation.

SUPERVISOR'S SIGNATURE: _____ DATE SIGNED _____

(Print/Type: Name and Title of Supervisor completing this form)

Supervisor's License Type and No.: _____ Supervisor Phone No.: _____

PLEASE NOTE CAREFULLY:

This completed form must be mailed *with* the supervisor's signed cover letter written on the facility's letterhead directly to: Probation Monitor

DPH – DHPL, Board of Registration in Nursing
239 Causeway Street, 5th Floor
Boston, MA 02114